PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/780650

| CLAIMS AS FILED - PART I | | | | | | | | **** | | | ^=· IPP | |
|---|--|---|-------------------------------------|--------------------------------|--------------|------------------|--------|-------------------|------------------------|--------|----------------------------|------------------------|
| <u></u> | | | (Column 1) | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| TOTAL CLAIMS | | | 25 | | | | | RATE | FEE |] | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 4/ minus 20= | | . 21 | | | X\$ 9= | 189 | OR | X\$18= | - |
| INDEPENDENT CLAIMS | | | 1.05 | nus 3 = | * 9 | | | X40= | 360 | OR | X80= | |
| MU | ILTIPLE DEPE | NDENT CLAIM P | RESENT | · . | | | | +135= | 135 | OR | +270= | |
| * If | the difference | in column 1 is | less than zero, enter "0" in column | | | column 2 | | TOTAL | 904 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | • | OTHER | |
| | | (Column 1) | - | (Colur | | (Column 3) | | SMALL | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | TATION OF M | Minus | *** | CLAIM | = | | X40= | | OR | X80= | |
| | FINOT FRESE | INTATION OF MI | OLITE DEF | ENDEN | CLATIVI | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL | | OR | TOTAL | |
| | | (Column 1) | | (Colur | mn 2) | (Column 3) | , | ADDIT. FEE | | , | ADDIT. FEE | |
| | | CLAIMS | | HIGH | EST | | Г | | ADDI- | 1 | | ADDI |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | DUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | 19 | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | NTATION OF MU | Minus | *** | CLAINA | = | | X40= | | OR | X80= | |
| | FIRST PRESE | INTATION OF IME | JETIPLE DEP | ENDENT | CLAIM | | | +135= | | OR | +270= | |
| | | | | | | | | | | OR | TOTAL ADDIT, FEE | |
| | | (Column 1) | | (Colur | | (Column 3) | | NDDIT. FEE L | | | ADDIT. I EL | N . |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | İ | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | .105 | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE | | | | | | | | | | OR | +270= | |
| *** | f the "Highest Nu | mber Previously Pa | aid For" IN THIS | S SPACE is | s less tha | n 3, enter "3." | | DDIT. FEE L | | | TOTAL ADDIT. FEE | |
| • | The "Highest Num | nber Previously Pai | d For" (Total or | Independe | ent) is the | highest number | r four | nd in the app | ropriate box | in col | umn 1. | |